							1			
SOLICITATION, O	1. SOLICITATION NO.		2. TY	PE OF SOLICITATION	ON	3. DATE ISSUED	PAGE OF PAGE	GES		
AND AWARD				х	SEALED BID	(IFB)		1	45	
(Construction, Alteration	VA263-14-B-0019		NEGOTIATED (RFP)							
IMPORTANT - The "offer" section	n on the reverse mus	be fully completed by offe	ror.		·		<u> </u>			
4. CONTRACT NO.	5. REQUISITION/PURCHASE RE		١,		6, PROJECT	NO.				
VA263-14-C-0052	636-14-1-9283-0001			636A6	636A6-14-101SL					
7. ISSUED BY			8. ADDRES	SS OF	FER TO					
Department of Veterans			Department of Veterans Affairs VA Central Iowa Health Care System							
VA Central Iowa Health Care System Des Moines Division 5435 NW 100th Street, Suite 301 Johnston IA 50131			Des Moines Division							
			5435 NW 100th Street, Suite 301 Johnston IA 50131							
	1									
9. FOR INFORMATION CALL:	A.NAME ANGIE MABLEY	B. TELEPHONE NO. (Include area code)   515-699-5886			) (NO COLLECT CALLS)					
	ANGIE MADDEL	SOLICITATION S13-039-3888								
NOTE: In sealed bid solicitations	"offer" and "offeror" r		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						<u>-</u>	
10. THE GOVERNMENT REQUIRES PERF	ORMANCE OF THE WORK	DESCRIBED IN THESE DOCUMEN	TS (Title, id	entifyir	ng no., date):					
The contractor shall provi										
and specifications to prov								o a		
vacant 1200SF Dental Servi demolition of existing int	ice Clinic and D	ental Prosthetic Lar	orator	y. Loor	ine work in	or finic	hes equipment			
demolition of existing in casework, mechanical HVAC	cerior waits, do-	ors, suspended celll cal dae fire suppre	ngs, r. esion	ele	ctrical now	er and	lighting. New			
construction includes inst	tallation of wal	ls, doors, suspended	ceili	nas.	flooring.	interior	finishes, sign	age,		
hard wood casework, mechan	nical, plumbing,	fire suppression, e	quipmen	nt,	electrical	power, 1	ighting,			
communications, and access	s controls. An	existing 300SF porti	on of	the	old Histopa	th Labor	atory area will	also		
be renovated and converted	d to general off	ice space.								
This award is issued in a Technology Act of 2006, Se	ccordance with P	ublic Law 109-461, t	he Vet	eran	ns Benefits,	Healtho	are Information	.and		
(SDVOSB) contractors	ections 502 and	ovo, as a sec-aside	IOI SE		re prespied	veceran	Owned Owner Dan	11.000		
		•								
11. The Contractor shall begin p	erformance within te	n (10) calendar days	and com	plete	e it within 120		calendar days after	receiving		
	proceed. This perforn		mandator	у,	negotiab	le. (See <u>_</u>	52.211-10		)	
12A. THE CONTRACTOR MUST FURNISH	ANY REQUIRED PERFORM	MANCE AND PAYMENT BONDS?	If "YES," ind	licate v	within how many		12B, CALENDAR DAYS			
calendar days after award in Item 12B		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
X YES NO							Ten (10) days			
13. ADDITIONAL SOLICITATION REQUIR	EMENTS:									
A. Sealed offers in original and	4.0.3	copies to perform the v	vork requ	iired	are due at the	place speci	fied in Item 8 by 1	0:00 A.M.	CST	
(hour) local time		). If this is a sealed bid so								
envelopes containing offers	shall be marked to s	now the offeror's name and	i address	, the	solicitation nur	nber, the d	ate and time offers a	re due		
	is, is not req									
			and class	ses ii	ncorporated in	the solicitat	tion in full text or by r	eference		
C. All offers are subject to the	(1) work requirement	o, and (2) other provisions	aria ciau					•		

calendar days for Government acceptance after the date offers are due will not be

D. Offers providing less than ninety (90) considered and will be rejected.

			OFF	ER(Must be fu	illy comple	eted by offe	eror)	-				
14. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)					15. TELEPHONE NO. (Include area code)							
COVENANT CONSTRUCTION SERVICES, L.L.C.				16. REMITTANCE ADDRESS (Include only if different than Item 14)								
734 SE ALICE'S	ROAD											
WAUKEE IA 502639646				_								
CODE	F	ACILITY COD	E 063	6A6								
17. The offeror agre accepted by the the minimum re	e Government ir	n writing within	,	es specified belov _ calendar days a nsert any number	fter the date	offers are due	e. (Inse	rt any number ed		ater than		
AMOUNTS	Bid Item 1 Project Number: 636A6-14-101SL Relocate Histology											
18. The offeror agre	es to furnish an	y required perf	ormance and	d payment bonds								
		<del></del>		KNOWLEDGME					·	<del></del>		
	(The offe	eror acknowled	ges receipt o	of amendments to	the solicitati	on - give num	ber and date o	f each)				
AMENDMENT NO.												
DATE												
20A. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)				20B. SIGNATURE 20C. OFFER DATE								
			AWA	RD (To be c	ompleted	by Govern	ment)			,		
21.ITEMS ACCEP  Bid Item 1  Project Number  Bid Amount: \$:	: 636A6-14-	101SL Reloc	cate Histo	ology								
22. AMOUNT	2. AMOUNT 23. ACCOUN				NTING AND	ITING AND APPROPRIATION DATA						
\$331,817.00 636-				3640162-9283-854200 23NRNR006								
	24. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)				1	25. OTHER THAN FULL AND OPEN COMPETITION PURSUANT TO						
26. ADMINISTERE	D BY	COL	Œ			IENT WILL B	E MADE BY		_			
Department of Veterans Affairs VA Central Iowa Health Care System Des Moines Division 5435 NW 100th Street, Suite 301 Johnston IA 50131					Department of Veterans Affairs FMS-VA-2(101) Financial Services Center PO Box 149971 Austin TX 78714-9971 PHONE: FAX:							
	CO	NTRACTIN	G OFFICE	ER WILL CON	IPLETE IT	EM 28 OF	R 29 AS APF	PLICABLE				
28. NEGOTIATED AGREEMENT (Contractor is required to sign this document and return copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all work, requisitions identified on this form and any continuation sheets for the consideration stated in this contract. The rights and obligations of the parties to this contract shall be governed by (a) this contract award, (b) the solicitation, and (c) the clauses, representations, certifications, and specifications incorporated by reference in or attached to this contract.				29. AWARD (Contractor is not required to sign this document.) Your offer on this solicitation, is hereby accepted as to the items listed. This award consummates the contract, which consists of (a) the Government solicitation and your offer, and (b) this contract award. No further contractual document is necessary.								
30A. NAME AND TITLE OF CONTRACTOR OR PERSON AUTHORIZED TO SIGN (Type or print)					31A. NAME OF CONTRACTING OFFICER (Type or print)  Daniel Torrence Contracting Officer							
30B, SIGNATURE	<del></del>		30	C. DATE			OF AMERICA					
JUB, GIGINATURE					رزسر ا	٠. ر	<b>7</b>		3-2	4-14		